ERIC Document Resume	See Instruction Sheet	DATE OF RESUME	DATE RECEIVED

A. PUBLICATION DATA

1. ED NUMBER	2. ORIGINATOR CONTROL NO(S).	3. IDENTIFICATION NO.
ED001683	NA	NA

DO NOT WRITE IN SPACE BELOW

4. AUTHOR(S):
Madison Area Project

5. TITLE OF DOCUMENT ABSTRACTED:
Mental Health Services at Madison Area Project Schools: September 1963 - June 1964

6. PUBLICATION TITLE:
NA

7. EDITOR(S):
NA

8. PLACE OF ORIGIN
ORG. Madison Area Project
ST. 1001 Almond St.
CITY, STATE Syracuse, N.Y.
TELE. EXT.
INST/LOC CODE

9. PUBLISHER OR SOURCE Syracuse City School District, Madison Area Project, 1001 Almond St., Syracuse, N.Y.

10. VOL.	11. PAGES	12. MO./YR.	13. TOTAL PP.
NA	NA	Sep 63	51

MICROFILM COPY AVAILABLE
YES ☒ NO ☐

COPYRIGHT GRANTED
YES ☐ NO ☒

COPYRIGHT RELEASE FILED
YES ☐ NO ☐

TYPE OF REPORT
PROPOSAL ☐
IN-PROGRESS ☒
FINAL ☐
FOLLOW-UP ☐

OTHER ERIC REFERENCES:

ERIC SATELLITE CODE

B. INDEXING DATA

14. SUBJECT AREA

15. TYPE OF ENDEAVOR report

16. INDEXING TERMS (6-12)

Syracuse, N.Y.	guidance counselors	social work	elementary school
mental health	group guidance	school climates	clinical personnel (Madison Area
teacher education	parent education	preventive measures	health services	Project)
in-service training	school psychologists	consultative services	junior high school

17. ABSTRACT (MAX. 250 WORDS)

The mental health services began in September 1963 at Madison Junior High School, Irving Elementary School, and Croton Elementary School. The program was divided into two broad categories: preventive service and direct service. The preventive services focussed interpretations of mental health through in-service training programs for teachers, group discussions in the area of mental health for students, and a parent education program. The direct services were provided by professional consultants working with teachers, principals, pupils, parents, and guidance counselors.

The responsibility for coordination was given to the psychiatric social worker. Each school was allowed, under the direction of the team chairman and administrator, to develop a program which seemed most suited to its needs. Monthly meetings were held to encourage greater interchange of staff experiences.

Some of the problems which confronted the mental health programs in Madison Junior High School for the 1963-64 year were: the lack of communications between administrator and clinical personnel; a difference in the frame of reference due to the different orientation of mental health personnel and school personnel; the ambiguousness of clinical personnel roles and the unrealistic expectations held by both clinical and school personnel regarding program outcome.

ERIC No.

18. SOURCE OF ABSTRACT

C. FUNDING DATA

19. SUPPORTING ORGANIZATION	20. DIVISION OR DEPT.	21. CONTRACT NO. / PROJECT NO.
	22. TOTAL COST OF PROJECT	
	23. DURATION OR PROJECT	U.S. Department of Health, Education, and Welfare Office of Education

ERIC Form 1

ED001683

SYRACUSE CITY SCHOOL DISTRICT
MADISON AREA PROJECT
1001 ALMOND STREET
SYRACUSE, NEW YORK
13210

MENTAL HEALTH SERVICES AT MADISON AREA PROJECT SCHOOLS
SEPTEMBER 1963 - JUNE 1964

Dr. Mario D. Fantini
Director

Principals

Mr. Joseph Bongo
Madison Junior High

Miss Eleanor Kennedy
Washington Irving Elementary

Mr. Emil J Cost
Croton Elementary

Mr. Kermit B. Nash
Mental Health Coordinator

Dr. Franklyn S. Barry
Superintendent of Schools

REPRINTED BY PERMISSION
U. S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
OFFICE OF EDUCATION

THIS DOCUMENT HAS BEEN PRINTED EXACTLY AS RECEIVED FROM THE PERSON OR ORGANIZATION ORIGINATING IT. POINTS OF VIEW OR OPINIONS STATED DO NOT NECESSARILY REPRESENT OFFICIAL OFFICE OF EDUCATION POSITION OR POLICY.

TABLE OF CONTENTS

Page	
	Introduction
A	Mental Health Services at Madison Junior High School September 1963 through June 1964
1	Mental Health Services at Madison Junior High School September 1963 through January 1964
12	Mental Health Services at Washington Irving Elementary School September 1963 through 1964
22	Mental Health Services at Croton Elementary School September 1963 through June 1964
32	Group Guidance Program at Madison Junior High School September 1963 through June 1964

MADISON AREA PROJECT MENTAL HEALTH SERVICES
1963 - 1964

Introduction

Mental Health Services began in September 1963, at Madison Junior High School. Additional clinical people were added in September of 1964, and services were offered in the two elementary schools: Washington Irving and Croton Elementary Schools.

The partnership between the Madison Area Project representing the City School District of Syracuse and the (Onondaga County Commission of Mental Health) Department of Mental Health helped to establish a unique foundation for developing future programs in the area of mental health. The stimulation inherent in this kind of federation enhanced the professional growth of all concerned and added a dimension to child growth and development within the school setting which was heretofore lacking.

The mental health services utilized the format which had been established at Madison Junior High School, by offering services in two categories:

I. Preventive

   A. Interpretation of mental health
      1. In-service training programs for teachers
      2. Group discussion in the area of mental health for students
      3. Parent education
      4. Establishing climate more conducive to better learning and better adjustment

II. Direct Service

   A. Consultative Service
      1. To teachers
      2. To principals
      3. To pupils
      4. To parents
      5. To guidance counselors

The responsibility for coordinating the service was given to the psychiatric social worker. Each school was allowed, under the direction of the team chairman and administrator, to develope a program which seemed more suitable for that particular school. The program varied in each school depending on the number of children to receive services.

There were monthly meetings to allow for ventilation and profiting from the experiences of others

In compiling a report to reflect the services at the three schools, the only feasible way to do so is to include the individual reports written by team members. There is variance between individuals reporting from the same school as well as the different schools involved. There are common threads that run throughout the report which indicate needs and limitations of mental health services within the structure of the school.

During the year the mental health team brought in a consultant, Dr. James Bell, to talk in the area of desegregation. There are beginning meetings with community agencies to see how best these facilities can be used in order to release clinical people in the school to do other things. This will continue during the summer.

It needs to be recognized that mental health is not wall-to-wall carpeting and does not have all the answers. Until educators attempt to handle the much broader problem of the process of socialization, mental health services in the school will only represent token efforts on their part. The bulk of services in the future should be concentrated in the elementary schools where children are more malleable, rather than in junior high school where, for the most part, ideas and values are set.

Kermit B. Nash, ACSW
Mental Health Coordinator

MENTAL HEALTH SERVICES AT MADISON JUNIOR HIGH SCHOOL
FROM SEPTEMBER 1963 THRU JUNE 1964

The program as described (see attached report) in the Progress Report, Mental Health Services at Madison Jr. High School is a sound program for the urban junior high school. The program represents structure based on the needs of the population, including students, teachers, administration and clinical personnel to support the goals of the school successfully.

The program for services was divided into two broad categories: preventive service and direct service. The Mental Health Program moved into most of the given areas with considerable success. These include:

I. Preventive

A. In-service training program for teachers
B. Group guidance classes for all students

II. Direct Service

A. Consultative service to teachers, administrators and guidance counselors
B. Consultative service to pupils for evaluation, short term counselling and referral to other sources
C. Consultative service to parents regarding the child who is experiencing problems

The Mental Health Program for the school year 1963-1964 was overly ambitious for the number of personnel to implement such a program. Other duties and responsibilities required the use of existing personnel over a large area, without giving the depth and understanding necessary for a completely successful program.

As the year progressed, there were increasing pressures throughout the organization of the Madison Area Project which affected all. More specifically, for Mental Health Services, the question came to be that of doing something for the acting-out aggressive child which was parleyed into discipline. Additional personnel such as the social work student unit added other kinds of pressured and strained relationships.

Fifty-eight students were officially referred for clinical services during the year. Twenty were accepted for long term case work with the student social work unit. This automatically involved the parents of these children. An additional six acting out youngsters were included in a group conducted by a second year social work student. Twenty-five of these referrals received individual psychometric testing. Thirty-eight were seen and received evaluative service and were discussed with the grade counselor who worked with the student as well as with the referring teacher. Approximately twenty-five students were referred on the spot due to a crisis situation with the individual teacher where a one-shot interview was conducted. Some time was spent with approximately ten students in the throes of crisis with administration. Twelve educational case conferences with teachers, counselors, administrators, clinical personnel and consulting psychiatrists were conducted. Approximately six parents were seen on the request of administration as a result of a given problem with a youngster. Services were offered to teachers who sought mental health personnel on their own to talk about their classroom situation as well as their interpersonal involvement with the class. This indicated the teacher's comfortableness and his (or her) ability to begin to look at himself in relation to the situation. On several occasions, mental health personnel were available to go into a classroom situation where there was difficulty, and support the teacher in working out a satisfactory solution.

The problems confronting a mental health program in Madison Jr. High School for the year 1963-1964 were as follows:

1. Communications - The much used term of effective communication did not hold through the year. In order to effect true communication, there has to be continual meetings between administrators and mental health personnel. If

there is not communication on this level, it is not likely that there will be any great degree of acceptance and effectiveness of clinical personnel in the school.

2. Frame of Reference - Orientation of mental health personnel and school personnel is different. Not only are they different, but it seemed to be a question of either/or whereas in reality this should not be the case. The very fact that there is a difference in frame of reference indicates one reason why additional personnel are attempting to be used in the school for what they may be able to contribute to the overall goals of the school. There has to be a mutual respect for respective frames of reference and the recognition that neither has the complete answer.

3. Definition of Roles - The ambiguousness of the roles of clinical personnel as they emerged in the school was a source of confusion. Because of this unclearness, there was the feeling from time to time that clinical personnel were over-stepping their bounds and interfering in areas where they had no business. It seemed that often when questions were raised in other areas, school personnel seemed threatened; they often recoiled and reacted with a degree of defensiveness.

4. Expectations of What Can Be Done - There were unrealistic expectations, by both mental health personnel and school personnel as to what could be done. So often it seemed that it was expected that mental health people would work magic on children to subdue the acting out child.

5. Group Guidance Classes-- It would seem more practical to use trained clinical personnel to develop particular units rather than to hold down a number of given classes for the entire year. Group Guidance should be strictly a guidance function.

6. Social Work Student Unit - Because the necessity for students to receive certain kinds of cases and certain kinds of philosophy in their training, there was a breakdown and misinterpretation of intent between the social work student unit and the school. The students, being strongly oriented to the individual, while the school had to be concerned with all children, caused a number of ripples and waves. Students seemed to have little understanding of the structure of the school and expected to change the structure to meet the individual need of the child.

Throughout the country, there is a growing recognition that sound mental health principles which apply to the general population do not apply to the urban child. Diagnostic categories, carefully worked out by psychiatrists, have been based upon prevailing middle class values

and standards. Frequently an urban child, according to the standards, is diagnosed as a sociopathic personality, untreatable and is written off as not being amenable to psychotherapy. This youngster cannot be helped by traditional means of clinical services as we know them in our society today.

Mental health objectives for the culturally disadvantaged child should not be tied in with conformity to rules and regulations, for this is not necessarily sound mental health. Conformity is not necessarily mental health; however, it is mental health when it is incorporated into the values and standards of the normative group. When compliance and conformity lead to integration of the individual, this is equivalent to mental health. The resistance, which otherwise we would confuse as "illness", may be healthy in the urban child.

More often than not, the area of mental health is confused with that of socialization. An example of this is the group guidance program which was initiated this year. In many ways this represents a great deal of the disparity between mental health personnel and administration. With few exceptions, the children at Madison Jr. High School are as healthy as other children, but they are sociologically differentiated. The problem appears to be one of re-education. To the extent that mental health personnel can contribute to the re-education process, they will have a place within the structure of the school. This would involve helping students of a slum school to establish a set of values more in keeping with the prevailing norms of society. When behavior is inconsistent with values, it creates problems. This is not the case with the children of an urban school who do not have the same value system. The process seems to be much more of a socialization problem than a mental health problem. The most successful intervention would occur at a younger age than junior high school age,

because by that time so many of the adolescents have suffered scars that are irreversible. On the elementary school level, the children are much more malleable.

With the above in mind, the following are recommendations arrived at jointly by Dr. Geno Cary, consulting psychiatrist; Paul Holmes, school psychologist; and Kermit B. Nash, psychiatric social worker.

Recommendations:

I. Preventive

A. Voluntary in-service training program for teachers
B. Course on self development for teachers
C. Clinical educational conferences with clinical team, teachers and administrators
D. Group Guidance classes continued as a guidance function
E. Modification of discipline in keeping with mental health principles
F. Development of a socially preventive program
G. Concentration of remedial work
H. Change of name from mental health services to something else

II. Direct Service

A. Limitation of services and giving of priority to special cases (Example: the acting out child)
B. Consultation with teachers, counselors and administrators
C. Consultation on request
D. Small group of problemed students to be handled by clinical people
E. A "quiet room" for the crisis situation

MENTAL HEALTH SERVICES AT MADISON JUNIOR HIGH SCHOOL
FROM SEPTEMBER 1963 THRU JANUARY 1964

The program for mental health services at Madison Junior High School can be divided into 1) preventive aspects and 2) direct service.

The overall objectives of the program thus far have been:

1. To act as a consultant to the school fuculty and administration
2. To help children who may not be benefiting from the school day because of emotional or academic problems
3. To cooperate and work with community agencies
4. To work with parents
5. To act as a liaison between home, school and community
6. To develop new programs
7. To integrate mental health personnel more effectively to the overall objectives of the school.

As of January, 1964, it can be said that the mental health team has moved into all of the above areas with considerable degree of success. Despite numerous frustrations, the open communication between mental health personnel, administrators and teachers has been one of the most encouraging aspects of offering effective mental health services in the school. It has taken flexibility, imagination, trustworthiness and a sense of fair play for all involved to keep channels of communication open so there could be progress for the goals of the school.

The format of this report will be an outline of mental health services with implementation in detail of each of the programs.

MENTAL HEALTH SERVICES AT MADISON JUNIOR HIGH SCHOOL

I. Preventive Aspects: Interpretation of Mental Health

A. In-Service Training Program for Teachers

On Monday, October 28, 1963 the mental health team began an in-service training program for the faculty on "The Role of the Teacher in the Development of the Child's Social Self." Thus far there have been five sessions. The Mental Health Coordinator has chaired the series. Various resource people are being used, including Dr. Nathan Goldman, Professor of Sociology at Syracuse University, two sessions; Dr. Gene Cary, Consulting Psychiatrist to the Project, one. The school psychologist, led a discussion of the problems in children which make internalization difficult. On November 25th when the mental health coordinator was to discuss with the teachers the role of the community in the development of the personality, he substituted a recent TV film, East Side West Side, which had dramatic implications for the school. Beginning in January the mental health team will attempt to help teachers handle varying kinds of discipline situations through psychodrama and role playing.

Thus far the in-service training situations have been stimulating and interesting. Teachers have vocalized their appreciation for varying speakers we have had and have indicated an interest in continuation. The discussions at these meetings have been lively and seemed to reflect a teacher eagerness to learn more. Perhaps the most dramatic was following the showing of the film East Side West Side. Teachers who prior to this had not been involved in discussions became vocal.

The teacher identified with certain scenes in the film and made comparisons with their situation. Some indicated changes in their own classrooms regarding attitudes since the beginning of the year.

B. Group Discussion (Group Guidance Classes)

1. General Objectives

   a. To develop a fuller understanding of self

   b. To develop awareness of the immediate community as well as the wider community

   c. To develop problem solving attitude

   d. To improve interpersonal relationships

   e. To promote individual growth

   f. To promote independence in a sense of responsibility

   g. To encourage planning for the future

   h. To encourage self acceptance (positive image)

2. Means of Implementation

   a. Dissemination of Information

   b. Providing a positive relationship with an accepting adult

   c. Providing opportunity for student expression

   d. Effective use of audiovisual aids such as films, pictures and filmstrips

   e. Utilization of resource people from the community

   f. Supplying appropriate role models

3. Evaluation - Any type of meaningful evaluation was precluded by the decision to include all student population rather than establishing a control group. However, within limitations of above condition an attempt has been made to do some subjective evaluation based on:

a. Individual session group guidance evaluation sheet by the leader. (See appendix)

b. Pre-and Post Administration of Cattell 16PF Test

c. Summary Administration (in the Spring) of the California Mental Health Analysis Test

4. Typical Content Outline for Group Guidance - A Group Guidance outline for each grade, (see Appendix) reflects what the mental health foordinator has been doing in four guidance classes, one seventh grade, two eighth grades, and one ninth grade. (Similar classes, without sex education are led by the school psychologist and 7th, 8th and 9th grade counselors.) The seventh grade is a mixed group. One eighth grade was a mixed group until a unit on sex was begun. The boys were separated from the girls, who were taught by the School nurse-teacher. The outline for sex in this section of the eighth grade is the same as the one stated above being used for the ninth grade with some variation since eighth graders are emphasizing the use of the correct terminology.

The Mental Health Coordinator is also director of the group guidance program, and holds weekly meetings of all staff involved in such classes. The purpose of these meetings is:

1. to establish objectives for the entire program
2. to become familiar with other ways of approaching children
3. to share professional competencies and skills
4. to achieve a cohesive working team

Since September those involved in group guidance have been able to move to the point where they are able to discuss their own concerns in relation to various kinds of topics that might come up in class. Resources are shared with one another. The nurse has been added to this group because of her involvement in the sex education program. The audiovisual coordinator has been added as a resource person so that there can be more effective use of audiovisual material. The program of group guidance has begun to move. Although it is not as definitive as it could be, judging from student response it is certainly worth while.

C. Parent Education

1. Members of the Mental Health team have been involved in discussions with the principal regarding a program for parents. This program is to begin in the near future. Mental Health people will be used as resource people to head up small groups. Members of the mental health team will handle particular topics and subjects.

D. Establishing A Climate More Conducive To Better Learning and Better Adjustment

Together with principal, coordinator, and other specialists, mental health personnel have consulted regularly in relation to the overall climate. Time has been spent observing classrooms, hallways, assembly activities, attitudes of teachers and students, with the intent tc improve the overall climate. With this information, in consultation with the administration, suggestions have been made. In other instances there has been direct involvement in a classroom situation, in support and conjunction with the teacher, where there seemed to be

classroom problems in which he or she was having difficulty. In one particular class, at the teacher's request, the mental health coordinator observed as she had separated "those who wanted to learn" from "those who didn't want to learn". Through discussion with those who "did not want to learn" and the teacher we were able to effect a re-integration of the class. With support to the teacher and to the class, the teacher now reports "this is the best class I have". "Look at the learning taking place". Both teacher and students seem happier with the way things are going in the classroom.

II. Direct Consultative Service

A. <u>To teachers regarding specific problems and general class-room problems:</u> This service has been rendered to many teachers in the building. There seems to be much more acceptance this year of mental health personnel than last. It is not uncommon for teachers to come to the mental health coordinator's. Frequently they sit down and discuss particular children or the overall class situation. In numerous instances, with several teachers, the coordinator is able to facilitate understanding of the individual child by giving historical information related to the child's behavior in the classroom. This did not necessarily involve a detailed history.

Since late in September the mental health team had available to it (2½ hours a week) Dr. Gene Cary, Consulting Psychiatrist. The first few weeks of his time was spent talking with people and becoming familiar with the

school. Following this, regular case conferences were set up in order to facilitate teacher learning. Initially case conferences were rather awkward; but now mechanical difficulties have smoothed out. All teachers who are involved with the particular youngster being discussed are present as well as a representative from administration. Comments by teachers following a recent conference: "I learned more today than I ever did", "this certainly was interesting", "I never knew what this child was really like", "these conferences are certainly helpful in planning for children". The youngsters usually discussed at these conferences present a problem to either teacher or administration or where there is a question of differential diagnosis after they have been referred for clinical services.

B. <u>To principals regarding problem areas:</u> There has been frequent, constant and open communication between the Mental Health Coordinator and the Principal. Frequently situations arise in which the principal calls for an opinion from the mental health person whether it is regarding a student, activity or personnel within the school. The same use of the Mental Health Coordinator by the Vice-Principal has been evident. Frequently when children are sent in for discipline and he knows that this child is known to special services, he will consult with the coordinator prior to making a decision. There have certainly been points of disagreement, however, the overall use of the mental health personnel by administration has been effective. It has often been the coordinator's role to in-

crease the knowledge of the administration about a situation prior to their decision making. In other situations they have come for an opinion and advice as to a particular policy to follow.

C. <u>To pupils in need of short-term treatment, further evaluation of problem and referral to other sources:</u> Since September 9, 1963, 50 referrals have been made to the mental health team. Of this number 25 were accepted for further study and 12 were assigned either to the mental health coordinator, the psychologist, or the student unit for further treatment. A Second Year Social Work student has a group of 6 acting-out students who present classroom problems. 3 were referred to other resources such as Child Guidance Clinic, Family and Children Service, or the Adult Mental Hygiene Clinic. The mental health team has initiated conferences at the school with outside agencies to facilitate communication and referrals and to develop deeper understandings of what can (or cannot) be done in our school. Following diagnostic evaluation, the children who had been referred were discussed with guidance counselors, teachers, and administrators, in order to help them help the children. The main focus has been on consultation service rather than a direct service for individual youngsters who are disturbed. Where it was felt that a one-to-one, tutorial relationship with a young adult might be more effective than casework or psychotherapy, cooperation with the Volunteer Coordinator has been utilized. On some occasions a rationale has been developed for changing

a students' classes so that he is exposed to a different teacher or poor environment.

D. <u>To parents regarding the child who is experiencing problems:</u> The mental health coordinator usually interviews parents of youngsters who have been suspended for a serious offense or who have a serious health condition which warrants parental permission for treatment. There has been informal contact with parents who come to the building for various reasons, but most parent contact is with the guidance counselor, who shares his insights with the mental health team.

E. <u>To Guidance Counselors:</u> The primary purpose of weekly meetings with each guidance counselor is to lend direction and/or offer consultation about children whom they are seeing or with whom they should be working. Determinations are made as to whether a disturbance is severe enough that a youngster should be referred on to special services for a more detailed evaluation. The mental health coordinator also serves as a consultant to the Project ABLE program. Each ABLE child is evaluated to assess and to determine what his needs are; whether they are being met; and if not what can be done to meet them. Guidance Counselors have made varying use of this service during the year thus far, asking for help in handling specific situations in which they felt a need for consultation, using community facilities, or more effectively getting information from them.

F. <u>To teachers regarding particular problems they may be having:</u>

It is not uncommon that when something is stressing to a teacher as an individual that they will talk with the mental health people. This can in no way be considered a form of treatment; however, it can be considered a definite asset when teachers are aware of the effect their behavior has on classroom situations.

There has been progress in all areas at Madison Junior High School in the utilization and integration of mental health personnel into the school. However, there are some flaws. Some of the mechanics, such as the referral procedure, have been cumbersome, albeit workable. These are being modified. An attempt at the beginning of the year to integrate a mental health person into team teaching, seemed effective for the first week or two. In-service training and a two-way colloquy could make more meaningful the utilization of mental health people in the instructional program.

G. <u>Use Of Psychodrama Technique</u>

The psychodrama technique has been employed in the school situation to helping the staff to understand, not only some of the conscious factors, but also the unconscious ones involved in interpersonal relationships. Two people act out a situation while a third person, the psychodramatist, stands behind them and acts as their alter ego, or unconscious self. The psychodramatist verbalizes what he perceives to be the unconscious factors operating a problem situation. This is a technique which has to be

carefully used. The psychodramatist has to be able to assess what is going on and how much the people involved are able to tolerate. Unless this is done, the entire procedure could backfire. In our school this technique has lent itself to open discussion on behavior problems in the classroom. At an appropriate time during the psychodrama the leader enables those involved, as well as the audience, to examine the many facets of behavior and offer tentative solutions to problems.

In summary and conclusion it can definitely be said that the mental health team is effective and is offering a definite service to the overall school program. The objective of moving away from direct services to individuals to a consultant capacity by which our effect can be felt throughout the school has been achieved.

Much more needs to be done in the area of refinement, particularly in deciding what kind of youngster can most effectively be handled in the school setting and what youngsters it cannot handle. The mental health people have certainly moved into the classroom and through this experience can more readily identify and experience what the teacher goes through six periods a day.

Kermit B. Nash, ACSW
Mental Health Coordinator
MADISON AREA PROJECT

KBN:glj

APPENDIX

Typical Content Outline for Junior High School Group Guidance Classes

Madison Junior High School
Syracuse, New York

SEVENTH GRADE:

The general theme for seventh grade guidance classes is an "orientation to one's environment".

I. Getting Acquainted With Your School

- A. People
- B. Teachers
- C. Activities
- D. Services to include meaning of group guidance and use of guidance class

II. Study Habits and Skills

- A. Use of the library
- B. Taking notes

III. You and the Community

- A. What is society
- B. Your responsibility to society
- C. Society's responsibility to you
- D. You and the law
- E. You and CORE, NAACP
- F. You as a Negro

IV. Getting Along With Others

- A. Teachers
- B. Peers
- C. Siblings, parents and others

EIGHTH GRADE:

The emphasis on the eighth grade level is understanding one's self in relation to the immediate environment. For the rest of the year this theme will be developed. Included will also be an Occupations Unit as a preparation for the ninth grade when they will be selecting schedules to reflect their career interest.

I. Getting Acquainted With Your School

- A. Services
- B. Group Guidance

II. Guidance Counselor - Definition, Use Of

- A. Others

1. Social Worker
2. Psychologist
3. Psychiatrist

III. Objectives Of Course

A. Talk about problems

1. Behavior
2. Ourselves
3. Ability
4. Teachers
5. Getting along with parents

IV. You and Your Family

A. Parental authority
B. Rights and responsibilities of parents
C. Rights and responsibilities of teen-agers
D. Your relationship to your brother and sisters and other relatives

V. Social Skills

A. Dating
B. Behavior at parties

VI. Problem Solving

A. Talking
B. Discussion
C. Decision

VII. Conflict Situation

1. Handling feelings
2. Understanding behavior
3. Awareness
4. Developing positive self-image

NINTH GRADE:

I. Group Guidance

A. Group Guidance

1. Definition

B. Guidance Counselor

1. Definition
2. Use of

C. Others

1. Social Worker
2. Psychologist
3. Psychiatrist

D. Objectives of Course

1. Talk about problems

a. Teachers
b. Work
c. Behavior
d. Ability
e. Ourselves

2. Learning

a. People, the way we feel and look
b. What we want to be
c. Getting along with parents

E. Problem Solving

1. Talking
2. Discussion
3.. Decision

F. Community Problems

1. Housing
2. Lights on the streets
3. Welfare
4. Department of Public Works
5. Recreation
6. CORE

a. Other civil rights movements

II. Alcoholism

II. Alcoholism and Drug Addiction

A. Nature of
B. Why
C. Problems
D. Treatment

III. Introducing Sex Education

A. Define sex
B. Discuss with the class illustration from nature, wherein male and female reproduce their kind
C. Adjusting to adolescence

IV. Information Pertaining To Sex

A. Objectives of sex education program

1. Help pupils feel that each part of the body and each phase of growth is good and has a purpose
2. Create a feeling that sex is dignified and a creative part of life
3. Make pupils proud of their own sex and yet appreciative of the other sex

4. Give pupils a clear understanding of the reproductive processes
5. Prepare pupils for the changes and developments which come as a part of their growing up
6. Help pupils to develop moral standards of conduct for themselves

B. Facts About Anatomy and Physiology

1. Of the female reproductive system
2. Of the male

C. Managing Sex Impulses

1. Activities

V. Vocabulary Of Sexual Terminology

VI. Venoral Disease

1. Gonorrhea
2. Syphilis

After completion of this unit on sex with ninth grade boys there will b
will be a unit on orientation to high school, vocational planning, interpersonal relations and community problems.

MENTAL HEALTH SERVICES AT WASHINGTON IRVING SCHOOL
FROM SEPTEMBER 1963 THRU JUNE 1964

I. Individual (School Social Work)
   A. Objectives
      1. To help any child who for any reason is not fully benefitting from the school day. This includes the child with social, emotional and/or academic problems.
      2. To act as consultant to the school faculty.
      3. To work with parents.
      4. To cooperate and work with community agencies.
      5. To act as a liaison between the home, school, and community.
      6. To screen all cases referred from school, home, and community sources and refer to appropriate school personnel.
      7. To act as chairman of (mental health) group guidance team in this school, and conduct meetings relating to group guidance and problem areas.
      8. To conduct planning sessions and programs in the area of ego development, group guidance.
   B. Procedures and Activities
      1. Referrals from school faculty, attendance teacher, parents, community agencies; reviewed and referred to appropriate sources for help.
      2. Consultation and planning with teachers regarding referrals, progress of cases, general classroom activities and/or problems.
      3. Observation in classrooms, collection of all pertinent data.
      4. Work with parents, on a regular basis where feasible.
      5. Individual casework with child through:
         a. Regular interviews
         b. Play techniques and/or play therapy
         c. Cooperation with parents and community agencies in planning for this child.
         d. Referral to other services where indicated.
         e. Inclusion of child in small groups (guidance) where feasible.

II. Group Guidance
   A. Objectives
      1. Team meetings of the (Mental Health) Group Guidance team in this school, weekly sessions are held to discuss:
         a. Possible programs
         b. Problems
         c. Techniques
         d. Successes
         e. Failures
         f. Progress or regress
         g. Evaluation
      2. Result of meetings
         a. Introspection

b. Consultation
c. Mutual Cooperation

B. Objectives of Group Guidance Program
1. Through group activity, help promote a more positive self-image.
2. Help the individual child within the group achieve toward his potential.
3. Need to understand that larger social systems (different from theirs) exist and can compensate through:
a. Recognition
b. Affiliation (belonging)
c. Affection
d. Appreciation
e. Respect for others (and their rights)
f. Rewards
g. Achievement (moving up the ladder, etc.)
4. Greater self-understanding
5. Self acceptance

C. Group Structure
1. From September to January
a. 6th. grade class (35 pupils)
b. Two classes of 5th. grade boys combined into one group (34 boys)
c. Two classes of 5th. grade girls (22 girls)
d. One advanced special class (12 pupils)
e. One class of 4th. grade girls (12 girls)
2. Due to lack of cohesion of groups, classes were reorganized into more cohesive units in January.
3. From January to June
a. 4th. grade class
b. 5th. grade class
c. 6th. grade class

D. Techniques and Activities
1. Guidance sessions
a. From highly structured to more permissive
b. From abstract to concrete examples, experiences
c. Draw from life-like situations, actual experiences
d. Problem areas
(1). Home
(2). School
(3). Community
(4). Within themselves
e. Living with problems
f. Group discussion
(1). Made own rules
(2). Set limitations
(3). Helped plan own activities
g. Ego development
h. Correlation with health teaching
i. Likes and dislikes
(1). Parents
(2). Teachers
(3). Peers

(4). Others
(5). Subject matter

j. Playing the game
(1). Good sportsmanship
(2). Regard for others
(3). Cheating

k. Developing responsibility
(1). Helping others, sharing
(a). Home
(b). School
1. 5th. graders helped kindergarten teacher
2. Assisted in office
(c). Community
(d). Other

l. Ambitions
m. Hopes
o. Fears

E. Expression
1. Verbal
a. Use of tape recorder
b. Variety programs
c. Role playing
d. Dramatization
2. Writing
a. Wishes
b. Hopes
c. Fears
d. Likes
e. Dislikes
f. Plans for the future
(1). When I Grow Up, etc.
3. Games
a. Verbal
b. Charade type
c. Large muscle activities
4. Small muscle and expressive activities (non-verbal)
a. Drawing
b. Coloring
c. Making a notebook cover
d. Making cards
e. Making favors
f. Making presents
(1). Thanksgiving
(2). Christmas
(3). Sunshine basket
5. Activities planned
a. With the children
b. With the teachers
c. Cooperative effort

III. Communication
A. Weekly team meetings with other guidance personnel
B. Plans approved by principal
C. Planning with individual teachers

D. Planning with school nurse (see special plans)
E. Speeches
    1. Mothers' Club
        a. Visiting Teacher's Services
    2. Intermediate teachers (team meeting)
        a. Children's backgrounds
        b. Home, family, and neighborhood

IV. Evaluation
A. Sentence Completion
    1. Constructed by Mr. Vosburgh
    2. No standardization
    3. No plans for retest
    4. Vaility not established
B. Oral and Written Feedback
    1. Short answer
    2. True - false
    3. How an I doing?
        a. Socially
        b. Emotionally
        c. Educationally
        d. Physically
    4. Drawings
        a. Family
        b. House, tree, person
        c. Pleasant, unpleasant events
C. Autobiography

V. Recommendations
A. Background of Guidance Personnel
    1. Some orientation to teaching before working with groups in a school setting.
    2. Some cognizance of school problems.
        a. Instructional
        b. Class size
        c. Background of children
            (1). Academic
            (2). Social
            (3). Emotional
            (4). Home
        d. Limitations
        e. School regulations
    3. Recognition that any program is part of total school picture.
        a. Administered by principal
        b. In cooperation with teachers
B. Selected Groups
    1. Where there is felt need
    2. From highly structured to more permissive
    3. Fifth and sixth grades more responsive that fourth grades
C. Better Planning and Communication with Teachers
    1. Cooperative role
    2. Classroom observation

D. Use of Resource People
   1. Nurse teacher
   2. Other students
      a. Junior High
      b. High School
      c. College
   3. Community
   4. Industry
E. Overall
   1. Principals select own teachers
   2. Released time for teachers
      a. For conferences with mental health personnel
      b. For visitation to other schools
   3. Availability of school psychiatrist
      a. For consultation
      b. For conference
   4. Need for psychometrist rather than psychologist.
   5. Speech improvement course for students
      a. In addition to speech therapy
   6. Homemaking and shop
      a. For selected students
   7. After School Volunteer Program
      a. Provide enrichment
      b. Does not interfere with regular instruction
      c. Should make inroads on deliquency
         (1). Most delinquent acts not committed during school time
   8. Class for emotionally disturbed within school setting
   9. More cooperative effort between community agencies.
      a. Clearing house (S. S. exchange)
      b. More coordination and less duplication of services.

Bianca Steates
Visiting Teacher

REPORT OF SCHOOL PSYCHOLOGIST

I. Mental Health Classes

I am not conviced that even the broad concept involved, that of presenting sound mental health perceptions to class groups of elementary school students, is a valid one. The points of contention, to reiterate, are: large class size, different need levels of the students, forced "authority-role" of the discussion leader, inappropriateness of verbal communication and labeling feelings at the elementary maturity levels, and the cumbersomeness of activity orientations fit into the morning's academic curriculum.

In addition to these general aspects, there were additional procedural difficulties in Washington Irving's program application. There was little or no group communication between the teachers and the "mental health teachers"; it is an unstated school policy, as will be discussed later, that group contact is discouraged, but that individual contact is more meaningful. Therefore, a few moments in the hall had to suffice.

There was little team communication concerning the mental health classes. Although Mr. Kirkland was to act as consultant and was included in the first semester's weekly meetings, he was virtually held ineffective because of certain blocks within the team itself, which will ater be discussed.

Out of desperation, I presented a concrete model-identification program proposal, designed to present the mental health students with positive models at all levels of status, people who has set some goals and were working toward them. The original concept was reformulated to be a push for middle-class-work-hard values; all prospective models were screened and reselected by the administration. What was left, although certain individuals were strong, was a series of visits to the school that were superficial and not effective.

In summary, the mental health classes did serve the purpose of efficiently relieving the regular teachers for time to attend the Team Teaching Meetings.

If one insists upon some kind of "group guidance" at the elementary school level then either of the two possibilities following are suggested: Have small groups of ten students, grouped according to need level and considering the group-balance factor, to be held last period in the morning or afternoon, conducted by the mental health team members. Or, have the regular classroom teacher deal with the concepts involved, with close and meaningful consultation with the mental health team.

Actually, sound, meaningful in-service training with teachers, handled by the mental health team as an informal discussion group, not including outside "specialists", is the most effective way of communicating good mental health concepts to the students.

II. Mental Health Team

Washington Irving's Team has actually disintegrated from a beginning of bare and superficial cohesion, to the present state of social amenities only, no meetings, little communication.

There were no case conferences held all school year; attempts for such were subtly or overtly thwarted.

The weekly team meetings rarely became deep level communications; lack of critical evaluation and irrelivancy pervaded, in spite of attempts of several members to work the team into growth. This block within the team shows no hint of change.

There was little honest teamwork in action; I found it necessary to make my own home visits, and even though this was interesting and enlightening, coordination between members would have been more fruitful. (Cooperation in deed, that is.)

In summary, the Mental Health Team at Washington Irving did not function as a clinical team. If any efforts were beneficial, they were individual efforts. It is my honest opinion that the only way in which any growth can take place is by having personnel involved who are willing and able to examine problems and communicate meaningfully.

III. Psychologist's Role

I was hired under the guise that my job was one which would be created flexibly by me. In no instance did I find this to be true; in fact, my efforts were thwarted by administrative policy in every direction. The differences of opinion or orientation were difficult to deal with because little is honestly examined, discussed, or even recognized. It is another unstated school policy to please everybody as long as they please you, but "don't make waves".

All teacher referrals were screened in the main office, not to add information, but to select cases and state psychological procedure. As a result, most of the cases I received were "Binet requested".

On controversial case matters my professional opinion was not heeded and was on several occasions belittled.

The preconceived perception of the psychologist as a tester was stimulated by the office to the staff, in spite of the awareness that I was working very hard to create a more flexible role. My proposal for in-service training for the teachers on a weekly basis was objected to on grounds that no such service was needed at Irving.

Little sincere follow-up was undertaken on the part of the school in support of parent participation as stimulated by the Learning Caravan.

Generally, each of the three broad areas in which I attempted to function as a school psychologist were thwarted, that is dealing with children, teachers, and parents. That is to say, the role was created for me, not by me. In addition, I found little support in teh MAP Direcotr, who felt it necessary to sacrifice growth at Irving for the administrator.

If a replacement for my position is being considered, two possibilities emerge: one with either more or less gutts than me. Either hire a psychologist who will fill the preplanned

role, or find one who is strong enough to keep trying to effect change.

It is my opinion that the situation is such that little important change can take place in the present school environment. I am aware of the part played by my defensiveness as a result of my not being effective but I sincerely feel that my perceptions are real.

Cynthia Sutton
School Psychologist

REPORT OF SCHOOL GUIDANCE COUNSELOR

The program in general seeks to assist students with educational, social, and emotional problems. An attempt is also made to assist the teachers with the various problems of student adjustment.

In a more specific sense, the program offers services in three broad areas: Individual counseling, Group counseling, and Counseling the Able Underachievers. Each of these areas will be discussed separately.

General Activities (which cover all the above areas)

1. Individual conferences with the teachers regarding their referrals and common problems faced in the classrooms.
2. Providing teachers with pertinent reading materials.
3. Observational records by the teachers and class observations by the counselors.
4. Group psychological testing which included intelligence and achievement tests.
5. Conference with parents whenever necessary.

Project Able

The purpose of this program is to enable the "able Underachievers" develope and express their potential to its maximum: by providing them with guidance and counseling by arranging a variety of activities which would make the school environment more challenging and stimulating for the pupils.

In order to carry out the above aims various activities were planned in association with the other services in the school. These included demonstrations, speakers, shows, film strips, field trips, etc. Aside from these a group of 27 able underachievers in the 5th. and the 6th. grades participated in a program of intensive counseling. They were divided into experimental and control groups. As the results of the post tests are not available a quantitative evaluation can not be made at this

stage. However, on the basis of observation it appears to be reasonable to state that counseling may lead to a better response from the able underachievers. Pending further evidence, it seems reasonable to assume the efficacy of the above program.

Individual Counseling

Purpose-to enable the individual pupil to better understand himself and his environment. To help him to discover and express his potential to its Maximum.

Techniques and Procedures-include interviews, discussinn, play activities, and expressive activities. Data on each student was collected by means of observational records, personal information, test results, and information regarding plans, attitudes, and perceptions of the students. In contrast to the program last year, attempts were made to extend this service to a larger number of students.

Group Counseling

As a membrr of the mental health team the counselor was also involved with a program of Group Counseling in the 4th. and the 6th. grades.

Purpose-in extending the counseling service to the larger groups of students, the following objectives were kept in mind:

1. Greater self-understanding
2. Greater understanding of social interaction.
3. Planning for the future.

Techniques and Procedures-considerable time was spent in assessing the needs, habits, and attitudes of the students. This was done by means of free activity sessions, activities planned by the class and by using questionnaires. Students indicated interest in several activities. As a result of discussion and mutual agreement the following activities were planned:

1. Drawing (free, expressive)
2. Variety programs in the classroom
3. Music (listening and dancing)
4. Expressive writing
5. Games (indoor and outdoor)
6. Discussions on topics of common interest

Aside from the above class activities several general activities were planned as part of the group counseling program, such as speakers, demonstrations (music, athletics), film strips, and field trips.

Evaluation and Suggestions

1. It is felt that the efforts in the direction of counseling the Able Underachievers, proved very encouraging. I would, without hesitation, give this program the priority among the different guidance services.
2. Individual counseling should also prove to be very beneficial.

However, attempts should be made to extend this service to as many students as possible. The students seen by the counselor should not only be the problem children, but also the students who are achieving despite all the odds.

3. After my experience with the Group Guidance program I am very strongly of the opinion that such programs should be conducted by the class teacher himself. He should, however, receive all the assistance from the mental health staff. Giving the responsibility of group guidance to the mental health person, not only affects the classroom structure created by the teacher, but it also may prove detrimental to the role of the mental health person.

Viewing the program as a whole I feel that there is very little support to suggest the duplication of a clinical setting in a school. Clinical services would prove beneficial only in stray individual cases. But when the problem involves a large part of the school population and their families, it is a social problem. Hence, it must be dealt at a more comprehensive level. I repeat, most of these problems are social, not clinical. A purely clinical approach to the problem in this area would only provide the patchwork, and may not even touch the real problems of the students in this area.

Lalit K. Masih
School Guidance Counselor

MENTAL HEALTH SERVICES AT CROTON SCHOOL
FROM SEPTEMBER 1963 TO JUNE 1964

REPORT OF SCHOOL GUIDANCE COUNSELOR

Croton School enrolls approximately 1,400 children in 47 classrooms, in a culturally deprived area. Pressures on the teachers, children, and administration are unrealistically great. In order to perform the functions of a guidance counselor, it is necessary to be readily available to the teachers and the administration to assist wherever the need arises.

Services were extended to five basic groups: 1) children, 2) teachers, 3) parents, 4) administration, 5) community agencies.

Services to Children:

Individual Referrals for 106 children have been processed. Referrals are made to the Mental Health Unit, of which the guidance counselor served as chairman. They came from parents, administration, teachers, and community agencies. School records were consulted and a face sheet made out for each referral. Cases were then referred to other members of the team-school psychologist and/or visiting teacher. Each week a case conference was held, the principal included, in which the most pressing cases were reviewed.

Counseling in groups of two, three, or four children was offered to about 50 children for half-hour periods each week during the afternoons.

Crisis counseling was provided during the entire day as child-teacher breakdowns occurred. The counseling playroom has been available for tension release. Children are brought to the room and left by the teachers, either to avoid or alleviate breakdown.

Attention is also directed to the individual growth of the more adequate children through scholarships: 1) art at Everson Museum, 2) art workshop in Fayetteville, 3) camperships at Bradley Brook Camp, 4) scholarships at Pebble Hill School, 5) memberships at YMCA, YWCA, Jewish Community Center.

At the end of each marking period an Honor Roll of Effort and an Honor Roll of Achievement were displayed in the entry of the school. Pictures were taken of the Good Citizens. Honor assemblies were held during the year. About 200 children attended University sponsored Christmas parties.

Sixth grade children received orientation to the junior high schools they will attend next September.

Volunteers were secured through the MAP Volunteer Committee to provide tutoring to some of the children who were absent from

school because of suspensions for emotional disturbances. This was an excellent service and should be provided for more children next year.

Referrals were made to the school psychilatrists and to other community agencies when there was indication that services would be forthcoming.

Group Guidance Each Friday morning the 4th., 5th., and 6th. grade children were divided into two groups: 1) socially adequate children, who attended a Cultural Enrichment program under the direction of Mrs. Irving Berman and a group of volunteers. This was arranged by the Mental Health Unit in cooperation with the MAP Volunteer Committee; 2) socially immature children, who attended a program aimed towards ego-building, grooming, positive identification with adequate models in the community and effective study habits. Negro members of the community were invited to share their thoughts and occupations with the children. All 450 children in the 4th., 5th., and 6th. grades attended a 40 minute session each Friday from October through June. The guidance counselor served as chairman of the Friday morning group guidance program. She was also responsible for working with specific 4th., 5th., and 6th. grades each week as a leader.

Services to Teachers:
There are 47 teachers on the Croton staff, all of whom sought counseling services at some time during the year. Most of the interaction between counselor and teacher were due to problems with children.

Three in-service teacher training sesssions were conducted.

Services to Parents:
Individual Parents were seen daily on a one-to-one basis, both in the school and on home visits. Many voluntarily sought assistance; others came into the building as a result of suspension and were then sent to see the counselor.

Group The counselor served as a consultant to the organized Parent Group, assisting the Executive Committee with operations, particularly with the Program Committee and in the preparations of notices of meetings. About 100 parents attended meetings each month.

A clothing exchange was established, with the assistance of the visiting teacher and a committee of the Parent Group.

Services to the Administration:
There is no Assistant Principal at Croton. As a result, it was necessary to work very closely with the principal on all pupil-personnel matters-discipline, parent conferences and crisis counseling, when the principal was in the building and when he was necessarily out of the building.

9) An adult activities program at night for the parents.

Lillian Feldman
Croton School Guidance Counselor

REPORT OF VISITING TEACHER

As the half-time social worker (Visiting Teacher) on the Mental Health team at Croton School during 1963-64 I found myself doing several kinds of things, the most important of which has been establishing personal contact with the parents of some of our pupils. Primarily I saw them in their homes but other contacts were of significance too, in school, in the neighborhood, taking them to the Dispensary, telephone conversations, etc. This comprises the only liaison many of these people have with the school and the importance of this personal relationship between the home and school cannot be overemphasized. The necessary corollary of this fact demands that the information I gathered in the home be shared appropriately with school personnel as it was usually at the request of the principal, guidance counselor, psychologist, nurse and/or teacher that I visited the home to secure family background information. Needless to say, there has been much less time available to do effectively what has needed to be done in merely beginning to know these families of the children who present the most obvious problems in school. Those who need this kind of support and understanding but do not receive it for lack of outward provocation by the child or adequate time on my part are more numerous than I like to consider.

Probably the second most time-consuming activity was my participation in the Group Guidance program which was held every Friday morning with the 4th., 5th., and 6th. grades. This demanded much preparation in planning with the M. H. staff, additional conferring with the guidance counselor, securing materials, films, personnel, etc. The program content ranged throughout the year from informal discussion with approximately half a classroom or more of the least manageable children to mass auditorium programs for all three grades during three different periods. The most obvious and significant factor learned from this program is that desirable and useful results from helping troubled children to develope inner controls can be obtained only by working with very small groups of such children. Various methods and program content may be used but none will be effective if such a group is made up of more than six to ten of these boys and girls. Also teacher orientation and continued interpretation to the teachers of what the Mental Health staff is attempting to do is absolutely necessary. This program cannot be coordinated with team planning because this makes it impossible to involve the teachers when desirable.

Continuous effort was devoted to support and assistance. The need for this is obvious, but the role for a guidance counselor becomes an ambiguous one. It was also necessary to substitute as a nurse, in the absence of the principal and nurse.

Services to the Community Agencies:
Contact with and exchange of information continued throughout the year with Syracuse Dispensary (Pediatrics), Welfare Administration, Housing Administration, Psychiatric Hospital, Child Guidance Clinic, Bishop Foery Clinic, and the Police Department.

Recommendations:

1) Basis educational responsibilities at Croton have not been adequately assumed by the community. Without more adequate local support, special services, not matter how extensive, can have limited impact.
   a) Classes must be smaller (20-22 children);
   b) grouping is essential, with small groups (15) for the slow-learners and the behavior problems;
   c) full-time Assistant Principal to work with pupil-personnel problems;
   d) full-time nurse, supported by more extensive medical services;
   e) full-time art teacher;
   f) full-time physical education instructor.
2) Two classes for the emotionally disturbed, as indicated in a previous proposal, are needed. One should be established for the primary grade children and another for the intermediates. To make room for these classes, two classes of retarded children could be moved to Washington Irving.
3) Full-time social worker to work with the families.
4) Two full-time guidance counselors to divide the case load.
5) Staff sufficient to provide planned guidance sessions (two times weekly) in groups of not more than six children, for socially immature. Approximately 150 children will fall into this category. This program would require about four individuals for two full days. No matter how carefully planned, group guidance linked with team planning, does not contain enough positives to compensate for the negatives.
6) Continuation of Cultural Enrichment program with provision for a paid Dramatics Director, as well as a paid coordinator.
7) Psychometric services (1/4 time) for evaluations, to include intelligence testing and other diagnostic and projective tests.
8) An after-school activities program, coordinated with the efforts of other agencies operating in the 15th. Ward. Interest groups for all the children at Croton, such as organized sports, art, sewing, dancing, etc. are desperately needed. Adequate play and recreational facilities for large numbers of children in this school area are non-existent. This should be considered as a positive effort to combat delinquency.

I also have participated in monthly staff meetings and training sessions for all Visiting Teachers in the city. I have attended all combined Mental Health staff meetings of the Madison Area Project as well as faculty meetings at Croton. It has been important for me to attend the parents' monthly meetings in the evenings at school as I had the chance there to socialize and talk with many of them, often in a different way from that in their homes.

Also, a weekly case conference was held with the principal, guidance counselor, psychologist and myself where the most pressing problems were discussed and recommendations for appropriate action were made. Constant contacts with and referrals to other community agencies were made during the year although this was frustrating because so few community resources are available to adequately serve the main stream of our school population and families. This is especially true in the lack of recreational and family service agencies and also psychiatric clinics and it would fill a serious void if the public school could be used for recreational purposes after school hours and weekends which, of course, would require professional personnel to staff properly such activities.

A Clothing Room was established in the school during the year in response to an obvious need and in recent months it has been staffed by some mothers several days a week. It was largely due to the efforts of the Guidance Counselor and myself that this was established. This is a popular and useful service which involves parental activity and I feel it should be expanded as much as possible. Such practical plans as this are among the most effective ways to help families such as we service to begin to meet some of their own problems which are so overwhelming. It also exposes the parents to the school and what it has to offer both them and their children. As a social worker I see that the influence of the public school cannot be restricted merely to academic learning. It must reach out to these deprived homes in a meaningful way, something which would be unwarrented in a middle-class school.

This has been my first professional esperience in a public school and I have learned much and have liked my work immensely. I had had rapport with some of these same families and/or their friends or relatives at the Syracuse Dispensary during the past several years. More than ever now I am convinced that one has to genuinely care about them so that they feel one's empathy and concern or all efforts to help them in any way will be wasted. The need for a full-time social worker (V. T.) at Croton is obvious and of course one is scarcely enough to accomplish much of value.

The need for smaller classes, special classes and counseling programs for the most disturbed and disturbing children, a pre-school program, creative contacts with parents, after-school programs and other new approaches are imperative if we are to begin to meet the tremendous social problems in this area of our community.

Lest it not be emphasized enough in other staff reports, I would like to add that there are three additional areas of the greatest need in Croton School which must have immediate attention. They may be obvious but only those who work with the every-day problems caused by these lacks can really appreciate how much they cripple the effectiveness of the entire staff. They are:

1. The need for an assistant to the principal in a school of 1400 children.
2. The need for adequate counseling staff.
3. The need for the services of a full-time nurse.

Extra funds and services can never fill the gaps which are created by the lack of the above personnel.

Jean A. Young
Croton School Visiting Teacher

REPORT OF SCHOOL PSYCHOLOGIST

The following report is being submitted for the purpose of summarizing the work of the school psychologist at Croton School, September 1963 through June 1964.

As stated by the Madison Area Project director, the school psychologist was a member of the Mental Health team. The role of the school psychologist was to be considered unstructured. To be stressed, however, was an overall, encompassing program which wouldaffect the total population of the school. Three programs were presented for implementation by the Mental Health team, namely: 1) parent education, 2) in-service teacher education, and 3) group guidance.

A group guidance program for the 4th. through 6th. grades was planned by the total Mental Health staff, assisted by the school principal and consultant group worker. The group guidance programs were planned to meet the time schedule of teachers being released to curriculum team planning meetings for 40 minute periods once a week. Difficulties were encountered by the Mental Health team in meeting the necessary schedule and programming changes were developed throughout the year. As part of this program, the school psychologist met with a group of 15, 5th. graders and 12, 6th. graders who had been identified as being disturbing in the classrooms. The school psychologist was also assigned to a 4th. grade classroom. The techniques used during these sessions included discussion, cooperative group games, creative projects, voice recording, dramatics and story telling.

In an attempt to implement an in-service teacher education program, the school psychologist scheduled meetings with teachers at each grade level from kindergarten through grade 3. These meetings were held bi-weekly from October through December. The school

psychologist was asked to attend the team planning meetings of the 4th., 5th., and 6th. grade teachers, making no attempt to alter the emphasis of the curriculum coordinator during these meetings. During the primary grade sessions, discussions were carried on concerning specific types of children's problems, i.e., under-achievement, hyperactivity, etc. School programming, primarily the changes required by non-grading, was also discussed. Because of an increase in the lunch period duties of the teachers, the in-service program could not be continued in January. An unsuccessful attempt was made to establish a released-time for teachers to serve this purpose during the second semester.

To meet the existing needs and expectations of the school personnel, it was necessary for the school psychologist to spend much time in individual evaluation. The school principal and teachers presented written referrals to the guidance counselor, who then selectively assigned certain of the referrals to the psychologist. The children referred were seen for evaluation and an assessment of the child's abilities and difficulties was given to the person requesting information. Conferences with parents, teachers and other Mental Health personnel were held regularly to discuss programming changes and recommendations for dealing with the children's problems.

A series of group therapy sessions was carried on with six 4th. grade boys who were known to be behavior problems in the classroom. The half-hour, once weekly, sessions were devoted to discussions of the boys' problems. The tape recorder was used occasionally and techniques such as drawing, questionnaires and creative dramatics were also used.

From September through December a number of children already identified as being severe behavior problems in the school were seen once or twice weekly for counseling. Progress was noted in the classroom behavior of these children during this period of intensive help. As the need for individual evaluation increased, it was necessary for the psychologist to discontinue this aspect of service.

In summary, the school psychologist's time was divided among the following services during the school year:

1. Individual evaluation
2. Group counseling
3. Individual counseling
4. Case conferences of Mental Health team
5. In-service teacher education
6. Conferences with teachers
7. Conferences with parents
8. Substitute teaching

The following recommendations are being submitted for the purpose of assisting the formulation of plans for the next school year.

Recommendations for the services of the school psychologist:

1. Group Counseling--The school psychologist can effectively work with groups of six to ten children identified by teachers as being disturbing in the classroom. The discussion technique can be used, emphasizing participation by each member of the group. Experiences which demonstrate cooperation can be used to offer variety and interest in the group sessions. Such experiences can include group games, use of the tape recorder, group singing, creative projects and other techniques appropriate to the age of the group. At the elementary grade level, a time period of 30 minutes of discussion or 45 minutes, augmented with a game or project, has proven most successful.
2. Individual Counseling--Counseling with the most disturbed children in the school can be effective if done regularly and for the length of time required to bring about positive change in the child's behavior. Interviews should be scheduled at times which will not conflict with special classes or during the teaching of the child's preferred subjects. The psychologist should keep closely in touch with the child's classroom teacher so that progress and/or regression can be regularly noted.
3. In-Service Education Program--The school psychologist can be of service to a greater number of teachers through group discussions of various types of school behavior problems. An instructional program could be planned, highlighting recommendations for dealing with the non-conforming child. Group meetings planned around specific topics will afford teachers the opportunity to gain needed information.
4. Psychological Evaluation--Individual evaluation should be limited to those children requiring intensive assistance from the school psychologist.

Doris Ferentino
Croton School Psychologist

REPORT OF SOCIAL WORK CONSULTANT

Recommendations regarding the Mental Health Program at Croton School for September, 1964:

In coordination with the Mayor's Commission for Youth, Croton School should begin a working relationship with: Dunbar Center, the Central Village Agency, the Central Village Nursery School, and the Nursery School in Pioneer Homes, to build a strong program that will give the children the opportunity to graduate into kindergarten. Once these children have had the opportunity to learn how to relate to adults, to solve problems with appropriate social skills, to be responsible, to be comfortable dependent and normally independent, they would be better equipped to achieve at the elementary school grade level with abstract ideas and designs.

Children in Croton School who manifest attitudinal and behavioral problems should be classified into three (3) broad categories.

(1) Disturbed: Those who should be placed in institutions because of gross psychiatric problems-because of shortage of space, IQ requirements, etc., these children must remain in the community.

(2) Disturbing: Those children who are acting out behavioral problems and threaten the teacher's authority and academic atmosphere of the classrooms.

(3) Contagion Influenced: Those children who would settle down and work and accept limits of the classroom were it not for the discipline elements of the disturbed and disturbing members of the classroom.

Croton School-Board of Education-in conjunction with the Mayor's Commission for Youth should rent or purchase a building adjacent to the school. In this building would be located the Mental Health Staff presently at Croton plus additional professional workers. The Croton Mental Health Staff could work jointly with the Graduate Schools of Social Work, Special Education and Psychology to elicit the support of these schools to train their graduate students and at the same time provide more quality services to the people in the immediate vicinity. The Croton Mental Health team is presently qualified to perform such supervisory services.

Identification of the children in the three track system of disturbed, disturbing and contagion influenced could enable them to be treated.

Three mornings per week, Monday, Wednesday, and Friday, the children defined as disturbed would be involved in a program similar to the one in operation at Seymour School in conjunction with Huntington Family Centers.

The children who are defined as disturbing could be seen in the building rented or purchased by the Mayor's Youth Commission and the Syracuse Board of Education. These children would be placed in small groups of five through seven each and would be seen on a bi-weekly basis for 1½ hours per session. The work day of the Mental Health Personnel would be staggered to accommodate this work schedule.

The school would refer other children in this category to some of the other social agencies in the community and would in some instances supply leadership for groups in other agencies.

The professional workers added to the Mental Health Staff would be able to institute a family counciling (casework) parent education program in a setting that would be non-threatening

and non-authoratative.

The children who are contagion oriented should be seen bi-weekly at Croton School after the regular school hours by volunteers who are under professional supervision. These groups should be no larger than eight members per group.

Croton School and the Mayor's Youth Commission should rent a summer facility or contract space at a summer camp that can meet the needs of the children being served. Such a camp program should be two weeks in duration and should be diagnosed to capitalize on and hold the gains made through the academic school year.

Jack Kirkland
MAP Social Work Consultant

SYRACUSE CITY SCHOOL DISTRICT
MADISON AREA PROJECT
1001 ALMOND STREET
SYRACUSE, NEW YORK

GROUP GUIDANCE PROGRAM AT MADISON JUNIOR HIGH SCHOOL 1963-1964

Dr. Mario D. Fantini
Director

Mr. Joseph Bongo
Principal

GROUP GUIDANCE TEAM:

Kermit Nash, Coordinator
Paul Holmes, School Psychologist
George Roth, 7th grade Counselor
Robert DeFlorio, 8th grade Counselor
Mrs. Gladys Aldridge, 9th grade Counselor
David Anderson, Audio-visual Coordinator
Mrs. Mary Lang, School Nurse

MADISON JUNIOR HIGH SCHOOL
GROUP GUIDANCE PROGRAM
SCHOOL YEAR 1963-1964

During the summer of 1963 there were numerous meetings between Madison Area Project Coordinators and administrators of the three Project schools to evaluate and determine services in their respective schools for the school year 63-64. One area given a considerable amount of attention was the effective use of clinical personnel such as social worker, psychologist, psychiatrist, and guidance personnel.

The school year 1962-1963 indicated that there were dilemmas of orientation between school personnel and clinical people. The former were used to working with children on a one-to-one basis, while the latter had to think in terms of what can be done for all children. In general, it was felt that clinical services had a lack of impact throughout the school population, difficulty in incorporating clinical personnel into the structure of the school and difficulty in in communications.

The beginning of small groups of problem children during the previous school year with clinical people showed one way in which more children could be reached through clinical services. Administration felt by the inclusion of mental health people in the classroom would facilitate empathy for the teaching situation. The concept of teaching mental health principles in the classroom was resisted by mental health personnel. It was their feeling that small groups could be handled more effectively.

An administrative decision was made to utilize clinical people in the classroom with these classes being called "mental health classes". The psychiatric social worker was given the responsibility of coordinating all mental health services in the three Project schools. Those personnel who were to be involved on the junior high level are as follows: (1)

three guidance counselors, (2) one half-time psychologist, and (3) one psychiatric social worker. A total of twenty-five classes per week, including a total of approximately 380 students. The breakdown: 7th grade counselors, three 7th grade and two 8th grade. The 8th grade counselors, seven 8th grade and one 7th grade. The psychologist two and the social worker four classes. The distribution was not even because of scheduling difficulty.

An outline had been developed by a social worker who was no longer with the Project. It was expected that the team would implement and revise this outline. The main objectives of this program would be preventive. It was also understood that this program, conducted by the mental health staff, was only a portion of their role within the school. The goal of the program would be in keeping with the general objectives of the school's mental health approach. (To develop the already governing forces which influence behavior, sense of values, self-image, and inter-relationships so that the child will grow into a mature and independent member of the community.) There was the assumption that more exposure to this kind of classroom situation would be of benefit to all students.

The outline for discussions on mental health classes for the junior high school students was felt by the staff, who would be conducting these classes, as composed, was unworkable but agreed to proceed with the overall program. The organization of personnel conducting the classes seemed important and relevant in beginning this new program. It was quickly agreed that there would be regular weekly meetings of those conducting such classes in order to prepare, learn and share information.

There was resistance in general and the feeling that this program would not be carried out as such. The suggested outline was felt to

be impossible to implement in the given situation. It was further felt because of the dilemmas of orientation of different members who comprised the group guidance team that the best approach might be to proceed as the individual saw fit, using his own particular skills after assessing of his group. Common objectives and goals agreed upon by all were to be kept in mind.

Those general objectives agreed upon by those participating in the program were as follows:

(a) to develop a fuller understanding of self

(b) to develop awareness of the immediate community as well as the wider community

(c) to develop problem solving attitude

(d) to improve interpersonal relationships

(e) to promote individuals growth

(f) to promote independence in the sense of responsibility

(g) to encourage planning for the future

(h) to encourage self image

It was also agreed that the means of implementing these objectives for the program would be as follows:

(1) dissemination of information

(2) providing of a positive relationship with an accepting adult

(3) providing opportunity for student expression

(4) effective use of audio-visual aids such as films, pictures, and filmstrips

(5) utilization of resource people from the community

(6) supplying appropriate role models

Generally speaking, the group leaders' aims were envisioned to fall within the following areas:

(1) identify and try to relieve emotional stress

(2) resolve some of the groups conflicts

(3) help group arrive at a clearer realization of self and reasons for their difficulties

(4) substituting more acceptable and satisfying modes of behavior

(5) understanding school procedures better

The group leader's role was envisioned to be as follows:

(1) act as a positive model

(2) source of information

(3) stimulant agent

(4) observer, permitting certain amount of self expression and interaction

(5) recorder, recording entire session, contents and interaction

In order to ascertain whether or not the above was being carried out, those involved met weekly in order to: (1) establish the objectives for the entire program (2) become familiar with the other ways of approaching children (3) share professional competencies and skills (4) achieve a cohesive working team.

As the year proceeded it seemed feasible to add other people to the staff of group guidance. The nurse was added in view of the school's activity in the area of sex education.[1] The audio-visual coordinator for Madison Area Project was added as a resource person and role model. In order for the additional personnel to have a clear idea as to how the program functioned, they were required to attend the weekly meetings.

Discussion and Evaluation

Group guidance at Madison Junior High this year can not be meaningfully evaluated in terms of its effectiveness in modifying behavior to the end of improved mental health or increased school achievement. Although

[1] See report on outline on Sex Education.

the above would be desirable, a sense of urgency for initiating this and other programs at the beginning of the year precluded establishing the necessary control groups for such an evaluation.

Despite the impossibility of evaluating the group guidance program at Madison with objective rigor in terms of a tightly controlled experimental design, it is possible and it would seem worthwhile to note student reactions to group guidance. To this end a brief one page questionnare was administered to all students at Madison at the end of this school year. In the administration each item was read aloud by the school psychologist over the school inter-com system. The questionnaires were answered anonymously with the exception of an indication of sex, grade level, and home room number.

Table 1 of this report summarizes by sex and grade level the percentage of students answering "Yes", "No", and "?" to each of eight questions which appeared on the Group Guidance Questionnaire. The following facts appear in Table 1:

1. Seventy-eight percent of all students reporting liked group guidance.

2. Eleven percent did not like group guidance while 11% were indifferent.

3. A higher percent of boys than girls liked group guidance.

4. Fifty-three percent of all the students thought that group guidance had helped them to do better school work this year, while 27% thought that group guidance had not helped in this area. Again, a higher percentage of boys than girls reported positively. Also, grade seven was more positive than grade nine, than grade eight.

5. Fifty-five percent of all students indicated that group guidance has helped them to get along better with other people. In this case seventh grade was high with 63% reporting "Yes".

6. Fifty-eight percent of all students report that they have learned to better understand themselves as a result of group guidance. Again seventh grade was high with 66% giving "Yes" responses to this question. However, looking at the table in terms of sex by grade level, it is noted that 83% of the ninth grade boys answered "Yes". At the same

thus 86% of the ninth grade boys agreed that group guidance has been of value to them--higher percent than for any other group.

7. Sixty-three percent of all students agreed that their group guidance teacher was able to understand their problems, while 83% acknowledged that they had received some form of help from their group guidance teacher during the year.

8. Finally, 80% of all students thought that Madison should continue group guidance next year, while 8% thought group guidance should be discontinued.

In addition to the items on the Questionnaire which were answered "Yes", "No", and "?", there were also three open-ended questions where students could indicate what they liked most and least about group guidance. The thing that students seemed to find most desirable about group guidance is that it afforded an opportunity to talk about their problems with other students. This is interesting in view of the fact that students have ample opportunity to talk with peers outside of the school setting. It seems, however, that within the context of the group guidance class they are able to profit in a different and important way from the participation of the guidance teacher. It is interesting also that most of the students valued highly the freedom to talk about whatever they wanted to talk about. A major suggestion for improving group guidance was to have more field trips.

Besides the evaluation of group guidance by students, there was also an attempt to gather the impressions of the guidance teachers. Each group guidance teacher submitted a brief critique of group guidance in writing, and these were in turn discussed at the final guidance team planning session. In general, it was felt that group guidance was certainly not a complete success, and in some groups not very successful at all. Nevertheless, there was consensus that group guidance, when viewed in toto, was worthwhile and should be continued. There were, in fact, some groups that were highly successful. In these groups, over the course of the year,

one could observe a growing sense of maturity, a greater receptiveness to ideas, greater group involvement and cohesiveness, an ability for self evaluation, and facility for self direction.

On the basis of the above data and impressions the group guidance team formulated the following recommendations for group guidance at Madison next year:

1. Group guidance should be continued next year.

2. Each guidance group should contain a maximum of from 12 to 15 students.

3. Group guidance classes should be conducted only by guidance counselors. Other special staff, i.e., psychologists, social workers, etc., should be used only as resource people.

4. No guidance teacher should have more than eight classes per week.

5. Greater use should be made of audio-visual instructional aids.

6. There should be regular weekly guidance team planning meetings.

7. Sex education as a guidance unit should be continued.

8. A more organized sequence of presentations should be planned, however, this should be in terms of student interest and conceivably could vary among groups at a given grade level as well as among grade levels.

9. Every effort should be made to more effectively evaluate the outcome of group guidance next year.

Group Guidance at the End of the 1963-64 School Year

Item	Sex of Respondent	Grade Seven N	Grade Seven Response Percentages Yes	No	?	Grade Eight N	Grade Eight Response Percentages Yes	No	?	Grade Nine N	Grade Nine Response Percentages Yes	No	?	Total N	Total Response Percentages Yes	No	?
Has group guidance helped you to do better school work this year?	Boys	60	58	22	10	43	44	33	33	35	66	26	8	138	59	25	16
	Girls	50	58	16	26	54	44	28	28	38	40	47	13	142	48	29	23
	Total	110	64	19	17	97	42	29	29	73	52	37	11	280	53	27	20
Has group guidance helped you to get along better with other people?	Boys	51	84	33	13	46	39	35	26	36	67	22	11	143	57	27	17
	Girls	51	63	21	16	56	48	20	32	38	32	50	18	145	53	31	16
	Total	112	63	22	14	102	47	24	29	74	49	36	15	288	55	29	16
Has group guidance helped you to better understand yourself?	Boys	63	65	14	21	47	45	30	26	35	83	6	11	145	63	17	20
	Girls	50	68	12	20	56	48	20	32	34	41	41	18	140	54	22	24
	Total	113	66	13	20	103	47	24	29	69	62	23	14	285	58	20	22
Has group guidance been of value to you in any way this year?	Boys	62	68	23	10	41	71	17	13	35	86	6	9	138	73	17	10
	Girls	50	76	10	14	59	59	17	24	39	64	26	10	148	66	17	17
	Total	112	71	17	12	100	64	17	19	74	74	16	9	286	70	17	14
Have you liked group guidance this year?	Boys	61	82	5	13	42	83	10	7	35	85	9	9	138	83	7	10
	Girls	52	77	12	12	64	75	13	13	38	68	18	13	154	74	14	12
	Total	113	80	8	12	106	78	11	10	73	75	14	11	292	78	11	11
Has your group guidance teacher been helpful to you in any way this year?	Boys	64	88	3	9	43	86	12	2	36	86	8	6	143	87	7	6
	Girls	49	84	6	10	56	84	7	9	40	70	15	15	145	80	9	11
	Total	113	86	4	10	99	85	9	6	76	78	12	10	288	83	8	9
Has your group guidance teacher been able to understand your problems?	Boys	60	63	15	22	43	72	12	16	40	62	18	20	137	69	11	20
	Girls	50	64	16	20	55	53	15	33	37	59	24	16	142	58	18	24
	Total	110	64	15	21	98	61	13	26	77	61	21	18	279	63	14	22
Do you think Madison should have group guidance next year?	Boys	62	84	11	5	43	74	12	14	38	87	3	10	143	82	9	9
	Girls	51	84	4	12	60	80	3	17	40	68	18	15	151	78	7	15
	Total	113	84	8	8	103	78	7	16	78	77	10	13	294	80	8	12

APPENDIX

Suggested Tupical Content Outline for Junior High School Group Guidance

Madison Junior High School
Syracuse, New York

SEVENTH GRADE:

Mr. George Roth, Guidance Counselor.

I. Orientation of Group Guidance

A. Why Group Guidance?
B. Topics to be discussed this year
C. Functions of counselor, social worker, psychologist, psychiatrist

II. Discussion of problems faced in school

A. Adjustment to new schedule
B. Adjustment to teachers
C. Problems you may face this year.

III. Attitudes Toward Parents

A. How do I feel about my parents?
B. Why do my parents act this way?
C. What responsibilities do I have?

IV. Nature of Prejudiced attitudes

A. What is Prejudice?
B. What causes Prejudice?
C. Where is it seen?
D. How can it be overcome?

V. Occupational Information

A. What kind of job do you want?
B. Why do you want this job?
C. Do you know facts about

1. Training and skills needed
2. Wages
3. Chances for advancement
4. Etc.

D. Where to locate information about other jobs
E. Discussion of job formalities

VI. Dating

A. Why do boys and girls date?

B. What is a good date?
C. What part should parents play?
D. How old should you be to date?
E. Should you have rules about dating?

VII. Sex

A. Discussion of physical and anatomical portion of sex
B. Discussion of pregnancy
C. Discussion of Veneral Diseases

VIII. Smoking

A. What are the physical effects of smoking?
B. Why do people smoke?
C. What should I do?

IX. Alcohol

A. Why do people drink?
B. What is the effect of alcohol on the body?
C. How do they make alcohol?
D. What is AA?

X. Interpretation of test data

A. Explanation of results of tests
B. Comparison of test data of other schools
C. Explanation of how test results effect students educational planning

XI. Academic Planning

A. Discussion of student interests and abilities
B. Discussion of various plans available to student
C. Discussion of the areas of work or further education the track will let them enter

EIGHTH GRADE:

Mr. Robert DiFlorio, Guidance Counselor.

I. Knowing yourself and others

A. Personality
B. Emotions
C. Individuality
D. Family
E. Peer groups

II. Interaction with others

A. Coping with problems of community
B. Community resources and activities
C. Group activities in community

III. Occupations

A. Study of occupations (total environment)
B. Study of occupations (total environment)

IV. School

A. Figures in school
B. School activities
C. School achievement
D. Educational advantages
E. School and self satisfaction

V. Teen-age problems

A. Sex
B. Alcohol
C. Race
D. Physical

NINTH GRADE:
Mrs. Gladys Aldridge, Guidance Counselor.

Unit I. Study Skills (five sessions)

A. Purpose

1. Reinforce study skills
2. Activate motivation

B. Method

1. Structured setting
2. Teacher centered
3. Material presented, considered and reviewed

C. Material

1. Relevant vs irrelevant differentiation
2. Chronology
3. Logical order
4. Wise use of time and materials

Unit II. Personality, school and community adjustment (five sessions)

A. Purpose

1. Strengthen values of self-worth, ego
2. Realization of assets and liabilities
3. Develop communication and social skills

B. Method and materials

1. Group discussion
2. Presentation of printed and mimeographed materials

3. Self appraisals
4. Incomplete sentence blanks
5. Institution of group leaders and independence in discussion and presentation of topics and materials
6. Student-centered situations

Unit III. Vocational and Occupational Information (ten sessions)

A. Purpose

1. Familiarze students with various fields and opportunities
2. To pursue their interests in vocations
3. To motivate interest in choice
4. To assist in beginning to plan or to set goals
5. Determine qualifications necessary for various occupations and vocations and limitations
6. Discuss unskilled, semi-skilled and professional jobs
7. Discuss and explore educational qualifications

B. Method and materials

1. D.O.T.
2. Chronicle Career Kit and information
3. Discuss and explore Federal Government information
4. Drop-outs, marks, attitude, plans, sacrifice, etc.
5. Student led group discussion on all above topics

Unit IV. Orientation and Preparation for transition and articulation

A. Purpose

1. To assist students in thinking regarding adjustments to other situations
2. Interpret high school programs
3. Importance of achievement
4. Unfamiliar methods and materials
5. Larger classes and more distractions
6. More impersonal setting, specific materials
7. Social and educational adjustment

B. Methods and materials

1. Class discussions
2. Student chosen and presented topics
3. Committee and group presentations (panels)
4. Presentation and interpretation of information received from Central teachers and counselors

APPENDIX

Notation on Preceeding Outlines for 7th, 8th, and 9th grades

The topics listed are not in a sequential order and may be used as certain events or scheduling makes their use feasible. The headings listed are only suggested areas for introductions of the topic and not a lesson plan.

The use of films, filmstrips, tape recorders and resource people can be used in all areas to a great advantage. The amount of pupil involvement in planning will be determined by the topic and capability of that class.

COURSE ON ADOLESCENCE AND SEX

Introduction

One day last fall I received a call from a community agency regarding a 7th. grade student known to me from the previous year on a casework basis. The agency was concerned because of the family disorganization and the probability that the youngster would be placed in an institution because of recent difficulties. We agreed to plan together for this student based on his needs.

As a by-product of this case conference the area of venereal disease was discussed. This youngster had been to the Social Hygiene Clinic last Spring because of gonorrhea. We agreed that there was a basic need for dissemination of some kind of knowledge in the area of sex education. We wondered (1) how we could go about this, and (2) what would or could or should the role of the school be, if any. I knew that the principal at Madison Junior High School shared these concerns.

The principal was indeed interested, not only because of the incidence of venereal disease last year, but because of some of the other activities in the community such as (1) promiscuous behavior, (2) Out-of-wedlock pregnancies, (3) lack of knowledge and awareness of physiological and psychological development, and (4) situations which had occurred as a result of urban renewal where building were vacant and groups of boys had been waylaying girls.

Following the discussion with the principal I talked with our school nurse who in turn talked with her supervisor and we met again to determine whether something could be done in school. In considering this further, we felt that whatever we did should be on an experimental basis and should be undertaken rather cautiously.

After additional meetings we felt the best approach in our school might be through an existing program. Every student in the school is involved in a group guidance class which meets once a week and ranges in size from six to approximately sixteen. The classes are led by mental health personnel which include psychiatric social worker, psychologist, and three guidance counselors. The objectives of this program are as follows:

a. to develope a fuller understanding of self
b. to develope awareness of the immediate community as well as the wider community
c. to develope problem solving attitude
d. to improve interpersonal relationships

e. to promote individual growth
f. to promote independence and a sense of responsibility
g. to encourage planning for the future
h. to encourage self-acceptance (positive image)

The means for implementing such a program are as follows:

a. dissemination of information
b. providing positive relationship with an accepting adult
c. providing opportunity for student expression
d. effective use of audiovisual aids such as films, pictures, and filmstrips
e. utilization of resource people from the community
f. supplying appropriate role models

The thinking of those of us in the school felt that this would be the logical place of entry in that the scene had been set because of (1) informality, (2) the open expression with resulting acceptance by the adult, and (3) an already created atmosphere of mutual trust and respect. With this orientation in mind, the school nurse and the mental health coordinator met and planned a pointed entree into a class. She would take the girls and I, the boys. As we moved along in this program the school psychologist was added. We worked as a team utilizing the skills of each to present an effective program for our youngsters. We were particularly interested in using some group work techniques in the actual classroom situation.

Kermit B. Nash, ACSW
Mental Health Coordinator
Madison Area Project

Objectives

To help pupils feel that each part of the body and each phase of growth is good and has a purpose.

To create a feeling that sex is a dignified and creative part of life.

To make pupils proud of their own sex and yet appreciative of the other sex.

To give the pupils a clear understanding of the reproductive processes-that all life comes from life and that reproduction occurs in many forms.

To prepare pupils for the changes and developments which come as a part of their growing up.

To help pupils develope standards of conduct for themselves.

Suggested Resource People

1. Mr. Richard Young
   Director of Dunbar Center
   Syracuse, New York

2. Mr. Herman Edge
   Community Relations
   Syracuse Police Department

3. Mrs. Shirley Hall
   Community Relations
   1001 Almond Street
   Syracuse, New York

4. Mr. David Anderson
   Audio-Visual Coordinator
   1001 Almond Street
   Syracuse, New York

5. Miss Elaine Clyburn
   Human Rights Commission
   State Building
   Syracuse, New York

6. Mr. Joseph Healey
   United States Public Health Service
   333 E. Washington Street
   Syracuse, New York

7. Dr. George Murdock
   Board of Education
   Syracuse, New York

Suggested Films and Film Strips

1.	How To Get a Job and Keep It Essential Education Huntsville, Texas	Film Strip Madison
2.	Appointment With Tomorrow National Urban League 14 East 48th Street New York 17, New York	Film Strip Madison
3.	Let's Look At Careers Essential Education Huntsville, Texas	Film Strip Madison
4.	How To Make A Career Decision Essential Education Huntsville, Texas	Film Strip Madison
5.	To Have A Neighbor - Be A Neighbor Film Strip of the Month Club Incorporation 353 Fourth Avenue New York 10, New York	Film Strip Madison
6.	Parents Are People Film Strip of the Month Club 353 Fourth Avenue New York 10, New York	 Madison
7.	You and Your Parents #398 Coronet Instructional Films Coronet Building Chicago, Illinois	Film Madison
8.	Social Courtesy Coronet Instructional Films Coronet Building Chicago, Illinois	Film Madison
9.	The High Wall Audio-Visual Department Syracuse University	Film
10.	Due Process of Law - Denied Audio-Visual Department Syracuse University	Film
11.	Walk In My Shoes Anti-Defamation League 315 Lexington Avenue New York 16, New York	Film
12.	East Side West Side CBS TV New York, New York	Film, TV

13. Who Is Sylvia? — Film
Audio-Visual Department
Syracuse University

14. Madison Area Project Slides
David A. Anderson
Madison Area Project Office

15. Alcoholism — Film
Columbia Univeristy Educational Films
Center for Mass Communication — Onon. Council on Alcoholism
New York 25, New York

16. To Smoke or Not to Smoke — Filmstrip and Record
American Cancer Society
Syracuse Board of Education

17. I'll Take the High Road (smoking) — Filmstrip
Board of Education
Syracuse, New York

18. The Innocent Party — Film
New York Department of Health
322 Washington Street
Syracuse, New York

19. About your Life — Filmstrip
Board of Education
Syracuse, New York

20. Your Body During Adol[redacted]nce — Film
Audio-Visual Department
Syracuse University